

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

SEP 17 1934

29961

1. PLACE OF DEATH

58 County Linn Registration District No. 496
Township Brookfield Heights Primary Registration District No. 3025
City Marceline (No.) St. (Ward)

File No.
Registered No. 72

2. FULL NAME

Peggy Lou Gleshman
(a) Residence, No. 138 E. Flanner St. Marceline Mo. Linn Co.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5, 1932</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>1</u>	<u>4</u>	<u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La Plata Mo</u>			
FATHER	13. NAME <u>Lewis Gleshman</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Galt Mo</u>		
MOTHER	15. MAIDEN NAME <u>Louise Moncrief</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La Plata Mo</u>		
17. INFORMANT <u>Louise Gleshman</u> (ADDRESS) <u>Marceline Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Plata County</u> DATE <u>Aug 6, 1934</u>			
19. UNDERTAKER <u>J. D. Rusk</u> (ADDRESS) <u>Marceline</u>			
20. FILED <u>Aug 6, 1934</u> <u>J. Shucan</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1934, to 8-4, 1934
I last saw her alive on 8-4, 1934 Death is said to have occurred on the date stated above, at 6:10 PM.
The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart
10:15 AM
8-7
Other contributory causes of importance Pneumonia - bronchial (P)

Name of operation None Date of
What test confirmed diagnosis? Usual Was there an autopsy?

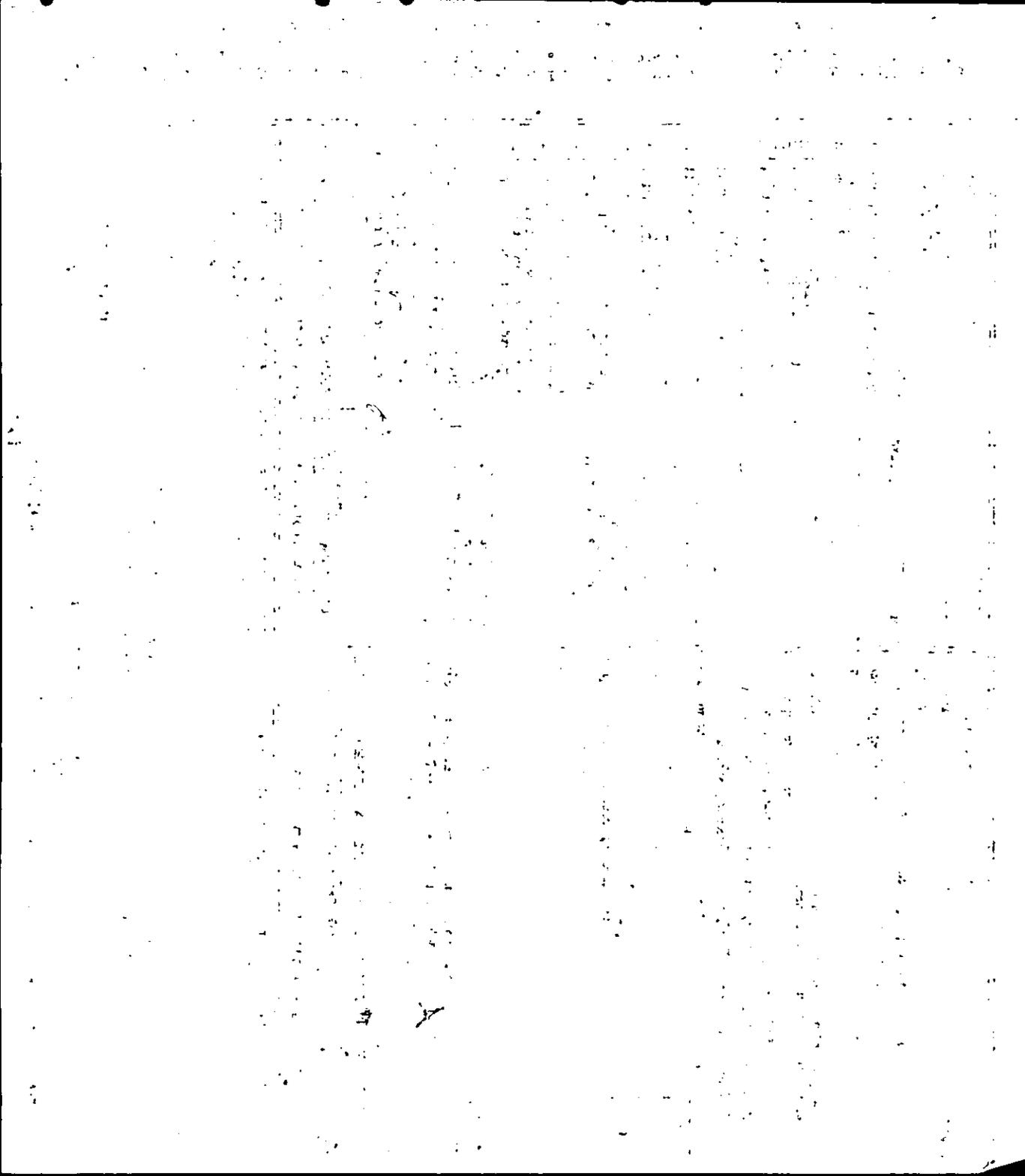
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. O. G. Smith, M. D.
(Address) Brookfield Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



#2 *Linn*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.
70

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Peggy Lou Flehman
Who died at _____ on Aug-4-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F. Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 1 Months 4 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. W

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Acute dilatation of heart
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Pneumonia - Bronchial

Other contributory causes of importance Pneumonia - Bronchial
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
(Signature of Registrar J. J. ... M. D.) Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 496 Very truly yours, E. T. McLaugh
Primary Reg. Dist. No. 3025 State Registrar

Special Agent. K

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

1962-8

MEMORANDUM

TO : SAC, [illegible]

FROM : [illegible]

SUBJECT: [illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

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